



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
MISSOURI WORKERS' SAFETY PROGRAM

REQUEST FOR SERVICES

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Type of Business _____

Contact Person _____

Phone # _____ Fax # _____

Insurance Carrier _____ Self-Insured Group _____

NOTE: You may request services from *both* your insurance carrier *and* the Missouri Workers' Safety Program.

1. I am interested in receiving the following services from my workers' compensation insurance carrier:

- ☐ Assistance in developing a comprehensive safety and health program.
- ☐ Assistance in identifying health hazard exposures.
- ☐ Assistance in conducting accident investigations.
- ☐ A review of existing written safety programs.
- ☐ A safety and health review including an on-site visit.
- ☐ Assistance in establishing a return to work program.
- ☐ Assistance in establishing the following written program(s):
 - ☐ Hazard Communication
 - ☐ Lockout/Tagout
 - ☐ Personal Protective Equipment
 - ☐ Hearing Conservation
 - ☐ Bloodborne Pathogen
 - ☐ Forklifts & Industrial Trucks
 - ☐ Confined Space Entry
 - ☐ Fall Protection
 - ☐ Respiratory Protection
 - ☐ Fire & Emergency Action Plans
 - ☐ Other _____

2. I am interested in receiving the following free services from the Missouri Workers' Safety Program:

- ☐ Safety consultant visit, including:
 - ☐ Advice on workers' compensation including discussion of experience modification, classifications, rates, reserves, and employer choice of physician.
 - ☐ A walk-through safety review of my facility.
 - ☐ Advice on how to establish a basic safety program.
 - ☐ A review of my current safety program.
- ☐ Safety videos and publications. (An order form will be sent.)
- ☐ A copy of the MWSP's registry of certified safety consultants and engineers.

Information on:

- ☐ Fraud and noncompliance, dispute management & other workers' compensation programs.
- ☐ The Missouri Safety and Health Consultation Service.

Mail or fax this completed request form to:

Missouri Workers' Safety Program

P. O. Box 58

Jefferson City, MO 65102-0058

Phone (573) 526-3504 Fax (573) 526-1436

Internet address: mowsp@doldwcmal.dolir.state.mo.us



Further information is available at our Internet homepage: <http://www.works.state.mo.us>